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CONFIRMATION NO. 2724

<b>SERIAL NUMBER</b> 10/089,708	<b>FILING OR 371(c) DATE</b> 04/02/2002 <b>RULE</b>	<b>CLASS</b> 705	<b>GROUP ART UNIT</b> 3626	<b>ATTORNEY DOCKET NO.</b> PG4159USW
<b>APPLICANTS</b> Gregor John McLennan Anderson, Ware, UNITED KINGDOM; Stanley George Bonney, Ware, UNITED KINGDOM; Anthony Patrick Jones, Ware, UNITED KINGDOM; Duncan Robertson, Ware, UNITED KINGDOM;				
<b>** CONTINUING DATA *****</b> This application is a 371 of PCT/EP00/09292 09/22/2000 <i>NRS</i>				
<b>** FOREIGN APPLICATIONS *****</b> UNITED KINGDOM 9923273.8 10/01/1999 UNITED KINGDOM 0011029.6 05/09/2000 <i>NRS</i> UNITED KINGDOM 0020541.9 08/22/2000				
Foreign Priority claimed <input checked="" type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions <input checked="" type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after met <i>Allowance</i> Verified and <i>NRS</i> Acknowledged <i>Examiner's Signature</i> <i>Initials</i>		<b>STATE OR COUNTRY</b> UNITED KINGDOM	<b>SHEETS DRAWING</b> 8	<b>TOTAL CLAIMS</b> 78
				<b>INDEPENDENT CLAIMS</b> 4
<b>ADDRESS</b> 23347				
<b>TITLE</b> Patient data monitoring system				
<b>FILING FEE RECEIVED</b> 2148	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	